

Foundation Year 2:

changing attitudes towards general practice

When I started in medical school I wanted to work in hospitals. Throughout medical school, among my peers and the staff in the hospitals, the general opinion (and I'll be honest I fell into this category) was that GPs were almost looked down upon. To become a GP was almost seen as a last resort, for those who were not clever enough, ambitious enough or hard working enough to become consultants. Either that or it was a role for women who wanted to work part-time so that they could have lots of children. It was not the job for the young enthusiastic medical student/junior doctor with high aspirations and ambitions.

When I qualified as a house officer I wanted to be a surgeon, an orthopaedic surgeon at that. I enjoyed the idea of sports medicine as it threw together my two great interests: sports of all types and medicine. I thought that the best way to achieve this was as an orthopaedic surgeon; of course I realise now that I was wrong. Then I actually did a job in orthopaedics and things started to change. I appreciate that you cannot judge a discipline on the experience of a house officer job, but when my colleagues in general or vascular surgery were rushing off to go to theatre, I found myself making excuses, being far more interested in dealing with the medical issues or post-op complications than the actual surgery itself. I very much enjoyed my medical rotation and realised swiftly that I was far more suited to medicine than surgery.

Then came the placement that we as Foundation doctors had all been dreading since we had first been informed of the changes in medical training and the MMC: the general practice placement. How many of us would have chosen to come into a general practice post in foundation year 2 (FY2) had it not been compulsory I wonder? I know I wouldn't.

I am currently in the middle of my FY2 placement in a GP practice in the centre of Wythenshawe in South Manchester. I am here with another FY2 doctor, himself an aspiring surgeon. Having spent 6 weeks now actually seeing what it is that GPs do from day to day, and acting as a GP myself, the change in attitude and in heart between the two of us has been tremendous. The role of the GP is incredibly varied, the name 'general' practitioner alludes to this, but the complexity of the issues they deal with and their patients is what astounds me. The necessity to be able to change hats between gynaecology, general medicine, care of the elderly and general surgery for example (and as I have seen sometimes within the same consultation for the more complex patients) requires a skill the like I have not seen in any of the hospital consultants I have worked with. The general consensus is that GPs know a little about a lot and hospital specialists know a lot about a little. However, I would like to take this statement a bit further; as I feel it does a disservice to those in general practice. Certainly the GPs that I have worked with appear to know a lot about a lot.

The interesting thing that I am finding is that the two of us are not the only two FY2 doctors to be converted in this way. The government's plan to send all newly qualified juniors into the community for 4 months was a very canny way of seducing budding surgeons and career hospital physicians to consider a life in general practice. The lifestyle, the variety, the patient contact and, for me, the fact that the patients who come through your door are people and not simply diseases needed to be treated as it is all too easy to think of them when in hospital, are just four of the many reasons why new FY2s are considering making the turn to the 'dark side'. The fact my colleague who, was previously a qualified staff nurse,

went back to college and then put himself through medical school with the set goal of becoming a surgeon is now vehemently chasing down a career in general practice speaks volumes of the general change in attitudes towards the 'less glamorous' profession. Actually the government and MMC may find themselves in the interesting position come next January of being over subscribed in all GP training posts. The statement that there will be very few specialist training jobs in medicine and surgery will not be helping that situation.

With the modernisation and change in structure of the training and the NHS in general, all new doctors will spend time in general practice. Even if they are not converted they at least will have experienced the difficulty and complexity of some of the jobs and tasks that GPs are expected to do. This is not something that many hospital consultants are aware of. The experience gained in being able to deal with ambiguity and not always knowing a diagnosis will be essential wherever their career takes them. In the future the respect that GPs hold among their peers will only increase as more and more people realise that general practice is an 'easy job to do badly but a very difficult job to do well.'

The government has made it clear that the future of the NHS lies in primary care; by the same token I think that GPs may well become the career choice of the future. Certainly if the experiences of my colleague and myself in our GP placements are representative of other FY2s, it makes for an exciting time ahead for general practice.

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